

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047446

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. *162*

Primary Registration District No. *5594*

Registrar's No. *160*

FILED JAN 14 1963

VS 300  
Rev. 4/59

*1 0500*  
*2 4062*

*3*

*4 0*

*5 2*

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*7 0*

*8 2*

*9 141.9*

*10*

*11*

*12 86-0*

*13 2-0*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>- - - -</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural - Meramec</b>		c. CITY OR TOWN <b>University City</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hill Infirmary</b>		d. STREET ADDRESS (If outside, give location) <b>7071 Forsyth Blvd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>J.</b> Last <b>ALBRECHT</b>		4. DATE OF DEATH Month <b>December</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/24/1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grain Executive</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Flour</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>Victor Albrecht</b>		13b. MOTHER'S MAIDEN NAME <b>Philomena Bulte</b>	14. NAME OF HUSBAND OR WIFE <b>Orvalla Carle</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		17. INFORMANT <b>Brother Conrad, St. Joseph's Hill Infirmary</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of Tongue (diagnosed April 1961)</b> DUE TO (c) <b>Eureka, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9.05</b> Month, Day, Year <b>11/24/62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Calvary Cemetery</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>	COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>9.05 PM</b> to <b>12/31/62</b> and last saw him alive on <b>12/26/62</b> . Death occurred at <b>9.05 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>1/2/63</b>	
22a. SIGNATURE <b>Petrack C. Hagan</b> (Degree or title)		22b. ADDRESS <b>3654 South Grand St. Louis 18 Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/3/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Arthur J. Donnelly</b>		25. DATE RECD. BY LOCAL REG. <b>12-63</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>
ADDRESS <b>3840 Lindell Blvd.</b>			

JAN 15 1963

APR 12 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4699

P. O. Address 3840 Glenview

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.